

REQUEST FOR EXTENSION OF EXTRAORDINARY CIRCUMSTANCES

Please note: form is due at least 5 days before end date of current Extraordinary Circumstances. Fax to Ellen Field, BEAS, 287-9229

Date of Request: _____

Date current EC expires: _____

Resident's Name: _____ MaineCare # _____

Facility: _____ Phone # _____

Address: _____ Fax # _____

Does the resident have a legal guardian or some other family member who should also be notified of the Extraordinary Circumstances extension, if granted?

Name: _____ Relationship: _____

Address: _____ Phone: _____

Person completing form: _____ Date of facility's original discharge/ineligibility letter: _____

IN-HOME SERVICES: How could the resident be safely discharged to his/her home or apartment or other non-institutional setting? Please explain services that would be needed/ programs that might be accessed/ contacts you have made with appropriate agencies.

CONTACTS WITH RESIDENTIAL CARE / CONGREGATE HOUSING FACILITIES SINCE LAST EC:

| | |
|--|---|
| Facility name: _____ | Phone # _____ |
| Address: _____ | Contact person: _____ |
| _____ | |
| Date (s) facility was contacted: _____ | |
| What type of resident do they serve? _____ | Do they have any vacancies? _____ |
| Is your resident on their waiting list? <input type="checkbox"/> yes <input type="checkbox"/> no | Est. time to reach the top of the list: _____ |
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FAX TO: ELLEN FIELD, BEAS (207) 287-9229.